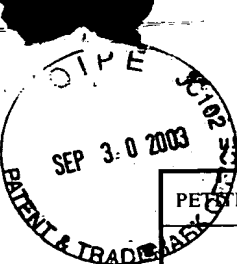


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|--|----------|--|--|----------|---|----|---|----|---|----|---|----|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 740756-1936 | | | | | | | | | | |
| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] | | In re Application of Shunpei YAMAZAKI et al. | | | | | | | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. | | Application Number 09/255,777 | | | | | | | | | | |
| | | Filed February 23, 1999 | | | | | | | | | | |
| For SEMICONDUCTOR DEVICE AND METHOD FOR FORMING THE SAME | | | | | | | | | | | | |
| Group Art Unit 2812 | | Examiner Richard A. BOOTH | | | | | | | | | | |
| Signature: <u>Deborah Novakowski</u> Name: <u>DEBORAH NOVAKOWSKI</u> | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td><td>\$110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)</td><td>\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>10/03/2003 ZJUHA1 00000033 09255777 01 FC:1251 Date <u>110.00 OP</u></p> <p>Signature <u>[Signature]</u> Luan C. Do, Reg. No. 38,434 Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> | | | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$110.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410) | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930) | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450) | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970) | \$ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$110.00 | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410) | \$ | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930) | \$ | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450) | \$ | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970) | \$ | | | | | | | | | | | |

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